

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90032 031 \*\*\*150.00

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01152008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P06000012832</b> 1. Entity Name <b>MISCELANEAS CENTRO AMERICANAS, CORP.</b>					
Principal Place of Business <b>2112 NORTH DIXIE HIGHWAY LAKE WORTH, FL 33460 US</b>			Mailing Address <b>2112 NORTH DIXIE HIGHWAY LAKE WORTH, FL 33460 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2110 N. Dixie Hwy</b> Suite, Apt. #, etc.		3. Mailing Address <b>2110 N. Dixie Hwy</b> Suite, Apt. #, etc.			
City & State <b>Lake Worth, FL</b> Zip <b>33460</b> Country		City & State <b>Lake Worth, FL</b> Zip <b>33460</b> Country		4. FEI Number <b>20-4212327</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>ALVAREZ, CARMEN 2112 NORTH DIXIE HIGHWAY LAKE WORTH, FL 33460</b>			7. Name and Address of New Registered Agent Name <b>Carmen Alvarez</b> Street Address (P.O. Box Number is Not Acceptable) <b>2110 N. Dixie Hwy</b> City <b>Lake Worth</b> <b>FL</b> Zip Code <b>33460</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ALVAREZ, ANGEL A</b> <b>501 20TH AVENUE NORTH</b> <b>LAKE WORTH, FL 33460</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ALVAREZ, CARMEN E</b> <b>501 20TH AVENUE NORTH</b> <b>LAKE WORTH, FL 33460</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE: <i>X Angel Alvarez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			Date <b>04-12-08</b> <small>Daytime Phone #</small>		